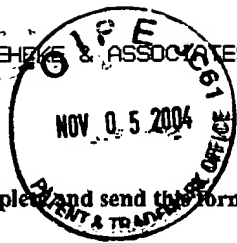


DAC

FROM : GEHRKE & ASSOCIATES, SC

FAX NO. : 4147744837

Nov. 05 2004 01:54PM P4



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
Commissioner for Patents  
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**Fax** (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark up with any corrections of old Block 1)

7590

12/27/2002

Lisa A. Brzycki, Gehrke & Associates, S.C.  
610 North 77th Street 123 North 86th St.  
Wauwatosa, WI 53213 Wauwatosa, WI 53226

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

LISA A. BRZYCKI (Depositor's name)  
Lisa A. Brzycki (Signature)  
March 27, 2003 via Facsimile (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/920,472	08/01/2001	Traci Cravasak	200.001	5623

TITLE OF INVENTION: APPARATUS FOR SUPPORTING MILK EXTRACTION DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$640

\$300

\$940

03/27/2003

\$650

\$950

EXAMINER	ART UNIT	CLASS-SUBCLASS
HALE, GLORIA M	3765	450-036000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Lisa A. Brzycki
2. Gehrke & Associates, S.C.
- 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent)

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4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee

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☒ Publication Fee

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☒ Advance Order - # of Copies \_\_\_\_\_

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Lisa A. Brzycki  
(Authorized Signature)

3/27/2003  
(Date)

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02 FC:1504

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